

# REGISTRATION FOR BROOKLINE SUMMER SCHOOL

**June 29<sup>th</sup> - August 5<sup>th</sup> 2016**

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ City/Town \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian/s Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone/s \_\_\_\_\_

Parent Email/s \_\_\_\_\_

School attended 2015-2016 \_\_\_\_\_ Grade \_\_\_\_\_

School attending 2016-2017 \_\_\_\_\_

**\*\*All students who were not in the Brookline School System for the 2015-2016, must provide appropriate immunization records in order to take courses. Students will not be allowed to start class until records meet Massachusetts Immunization Standards\*\***

Please complete the course selection table below. You may obtain the information from the course selection charts on pages 20-24 of the course catalogue:

<b>Course Name</b>	<b>Course Number</b>	<b>Time</b>	<b>Cost</b>

**Non-Refundable Registration Fee = + \$50.00**

Final registration by mail will close June 24, 2016

**Total Tuition**

To be sure of placement in classes, this application should be returned as early as possible to:  
**Kyle Beaulieu-Jones, Director of Summer School, Brookline High School**  
**115 Greenough St., Brookline, MA 02445**

I, \_\_\_\_\_ (print student's full name) have read the contents of the policy notice and agree to adhere to the rules and regulations contained herein. I understand that the disciplinary offenses described in the Brookline High School Student Handbook pertain to the summer session as well:

**STUDENT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

***Additional Registration Information to be completed on page 26***

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*Page 2 (con't from page 25)*

**I am enrolling in the following courses for *Original Credit / Make-up Credit / Enrichment*:**

Course Name	Credit Type
	<i>Original Credit / Make-up Credit / Enrichment</i>
	<i>Original Credit / Make-up Credit / Enrichment</i>
	<i>Original Credit / Make-up Credit / Enrichment</i>

**Upon full tuition payment and completion of the course/s, I would like Brookline High School to send an official Report Card to:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**STUDENT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

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**Tuition Information – For Office Use Only:**

Student Last Name	Check #	Amount	Resident/Non Resident
Balance Due	F.A. Apply	Send Transcript	Immunizations Records / Up-to date